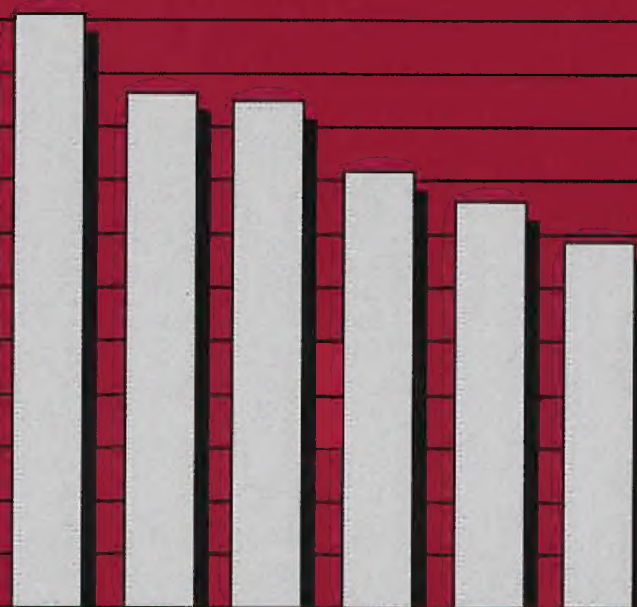


Philippines



National Demographic and Health Survey 1998

SUMMARY REPORT

PHILIPPINE NATIONAL DEMOGRAPHIC AND HEALTH SURVEY 1998

SUMMARY REPORT

| | |
|--|-----------|
| Background | 3 |
| Fertility | 4 |
| Fertility Levels and Trends | 4 |
| Fertility Preferences | 6 |
| Family Planning | 7 |
| Knowledge and Use of Contraception | 7 |
| Unmet Need for Family Planning | 9 |
| Contraceptive Discontinuation | 10 |
| Maternal and Child Health | 11 |
| Maternal Care | 11 |
| Childhood Immunizations | 12 |
| Treatment of Childhood Diseases | 12 |
| Infant Feeding Practices | 13 |
| Infant and Child Mortality | 13 |
| General Health | 14 |
| Fact Sheet | 15 |



Philippine Tourist Office, New York

National Statistics Office
Solicare Building
Ramon Magsaysay Boulevard
Santa Mesa
Manila, Philippines

January 1999

This report summarizes the findings of the 1998 Philippine National Demographic and Health Survey (NDHS) conducted by the National Statistics Office in collaboration with the Department of Health (DOH). Macro International Inc. provided technical assistance. Financial assistance was provided by the U.S. Agency for International Development (USAID) and DOH.

The NDHS is part of the worldwide Demographic and Health Surveys (DHS) program, which is designed to collect data on fertility, family planning, and maternal and child health. Additional information about the NDHS may be obtained from the National Statistics Office, Solicare Building, Ramon Magsaysay Boulevard, Santa Mesa, Manila, Philippines (Telephone/fax: 632-716-0404). Additional information about the DHS program may be obtained by writing to: DHS, Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (Telephone: 301-572-0200; Fax: 301-572-0999; E-mail: reports@macroint.com; Internet: <http://www/macroint.com/dhs/>).

Background

The 1998 Philippine National Demographic and Health Survey (NDHS) is a nationally representative survey of 13,983 women age 15-49. The NDHS was designed to provide information on levels and trends of fertility, family planning knowledge and use, infant and child mortality, and maternal and child health. It was implemented by the National Statistics Office in collaboration with the Department of Health (DOH). Macro International Inc. of Calverton Maryland provided technical assistance to the project, while financial assistance was provided by the U.S. Agency for International Development (USAID) and DOH. Technical inputs during the preparation phase were also provided by the Department of Health, the University of the Philippines Population Institute, the Food and Nutrition Research Institute, the Commission on Population, and other Philippine government agencies. Fieldwork for the NDHS took place from early March to early May 1998.



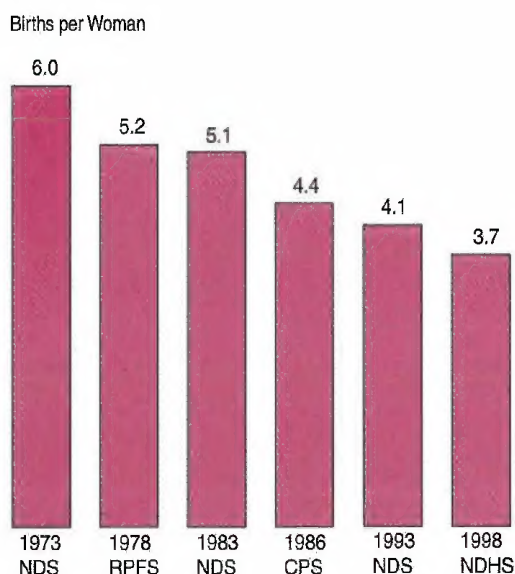
UNICEF/C-64/L. Enells

Fertility

Fertility Levels and Trends

The NDHS data indicate that fertility continues to decline gradually but steadily. At current levels, women will give birth to an average of 3.7 children per woman during their reproductive years, a decline from the level of 4.1 recorded in the 1993 NDS. A total fertility rate of 3.7, however, is still considerably higher than the rates prevailing in neighboring Southeast Asian countries.

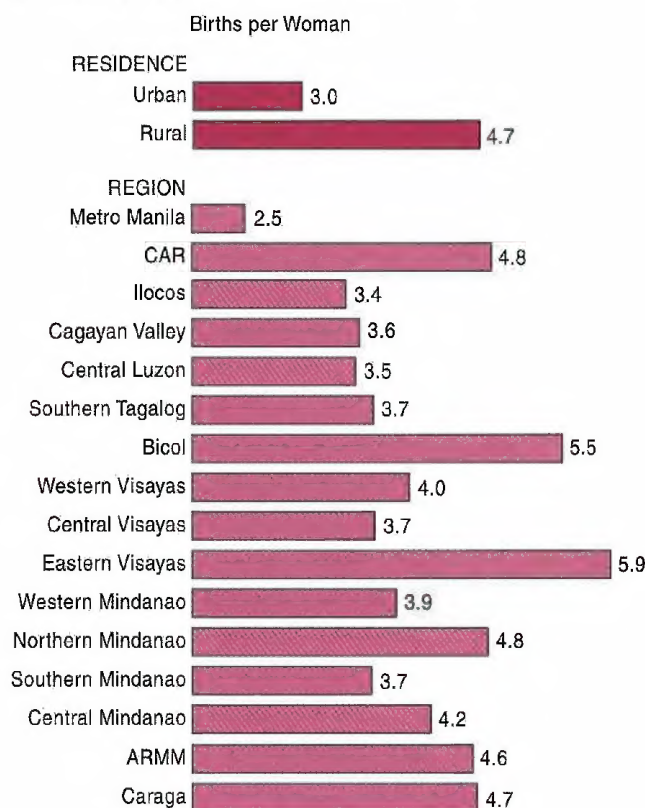
Figure 1
Trend in Total Fertility Rates, Philippines, 1973-1998



At current fertility levels, a Filipino woman will give birth to 3.7 children during her reproductive years.

Survey data show that the large differential between urban and rural fertility levels is widening even further. While the total fertility rate in urban areas declined by about 15 percent over the last five years (from 3.5 to 3.0), the rate among rural women declined only slightly (from 4.8 to 4.7). Consequently, rural women give birth to almost two children more than urban women.

Figure 2
Total Fertility Rates by Residence and Region (Women 15-49)



Significant differences in fertility levels by region still exist. For example, fertility is more than twice as high in Eastern Visayas and Bicol Regions (with total fertility rates well over 5 births per woman) than in Metro Manila (with a rate of 2.5 births per woman).

Fertility levels are closely related to women's education. Women with no formal education give birth to an average of 5.0 children in their lifetime compared with 2.9 among women with at least some college education. Women with either elementary or high school education have intermediate fertility rates.

Fertility rates would be higher if it were not for the very late age at marriage and age at first birth.

Fertility rates would be even higher if Filipino women did not have a pattern of late marriage and childbearing. The median age at first marriage is 22 years and the median age at first birth is 23 years, considerably higher than in most other countries.

Another factor that holds down the overall level of fertility is that about 9 to 10 percent of women never give birth. In most developing countries, only 3 to 4 percent of women never give birth.

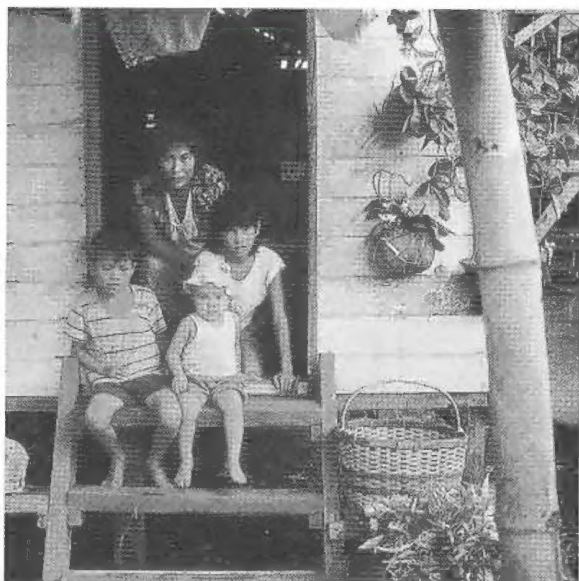


DEPARTMENT OF HEALTH

Fertility Preferences

One reason that fertility has not fallen more rapidly is that women in the Philippines still want moderately large families. Only one-third of women say they would ideally like to have one or two children, while another third state a desire for three children. The remaining third say they would choose to have four or more children. Overall, the mean ideal family size among women is 3.2 children, identical to the 1993 mean.

Almost two-thirds of married women report that they do not want to have any more children (or they are sterilized) while 19 percent want to delay the next birth for at least two years.

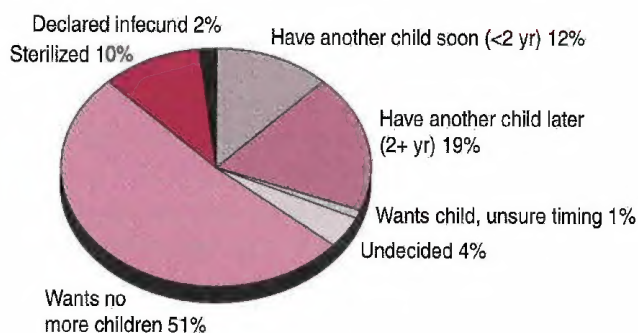


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Another reason for the relatively high fertility level is that unplanned pregnancies are common in the Philippines. Overall, 45 percent of births in the five years prior to the survey were reported to be unplanned; 27 percent were mistimed (wanted later) and 18 percent were unwanted. If unwanted births could be eliminated altogether, the total fertility rate in the Philippines would be 2.7 births per woman instead of the actual level of 3.7.

Almost one in five births are unwanted.

Figure 3
Fertility Preferences
(Currently Married Women 15-49)



Family Planning

Knowledge and Use of Contraception

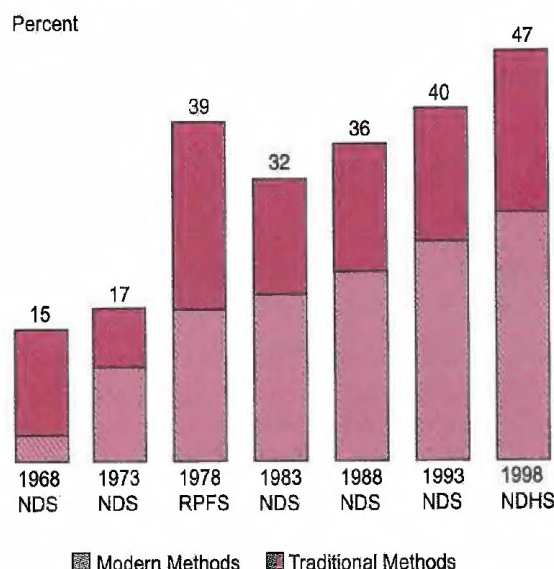
Knowledge of contraceptive methods and supply sources has been almost universal in the Philippines for some time and the NDHS results indicate that 99 percent of currently married women age 15-49 have heard of at least one method of family planning. More than 9 in 10 married women know of the pill, the IUD, condoms, and female sterilization, while about 8 in 10 have heard of injectables, male sterilization, rhythm, and withdrawal. Knowledge of injectables has increased far more than any other method, from 54 percent of married women in 1993 to 89 percent in 1998.

A major cause of declining fertility in the Philippines has been the gradual increase in contraceptive use over the last three decades. The contraceptive prevalence rate has tripled since 1968, from 15 to 47 percent of married women. Although contraceptive use has increased since the 1993 NDS (from 40 to 47 percent of married women), comparison with the series of nationally representative Family Planning Surveys indicates that there has been a leveling-off in family planning use in recent years.

Forty-seven percent of currently married women are now using some method of family planning.

Use of traditional methods of family planning has always accounted for the relatively high proportion of overall use in the Philippines, and data from the 1998 NDHS show the proportion holding steady at about 40 percent. The dominant changes in the “method mix” since 1993 have been the increase in the use of injectables and traditional methods such as calendar rhythm and withdrawal and the decline in the proportion using female sterilization. Despite the decline in the latter, female sterilization still is the most widely used method, followed by the pill.

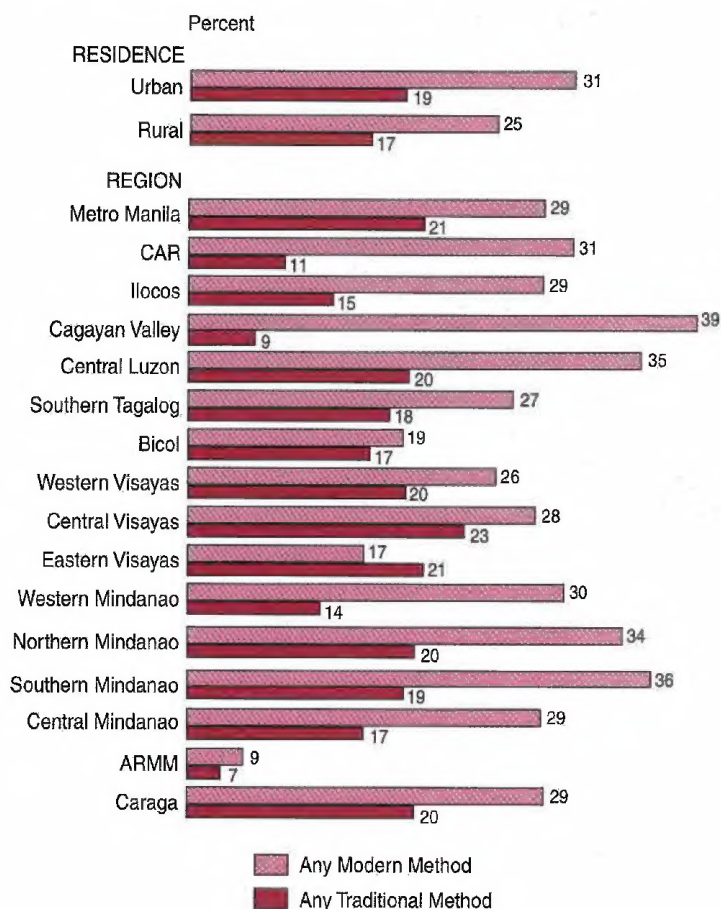
Figure 4
Trend in Contraceptive Use, Philippines, 1968-1998
(Currently Married Women 15-49)



Differentials in current use of family planning in the 16 administrative regions of the country are large, ranging from 16 percent of married women in ARMM to 55 percent of those in Southern Mindanao and Central Luzon.

Contraceptive use varies considerably by level of education. Only 15 percent of married women with no formal education are using a method compared with half of those with at least some high school education. The urban-rural gap in contraceptive use is moderate (51 vs. 42 percent, respectively).

Figure 5
Contraceptive Use by Residence and Region
(Currently Married Women 15-49)



Contraceptive use varies greatly by region, from 16 percent of married women in ARMM to 55 percent of those in Southern Mindanao and Central Luzon.

Seven in ten users obtain their methods from public sources, while 26 percent use non-governmental medical sources. Barangay health stations, government hospitals, and health centers are the most common sources of contraceptive methods, each accounting for about 23 percent of contraceptive users.



MACRO INTERNATIONAL/K. Stewart

Unmet Need for Family Planning

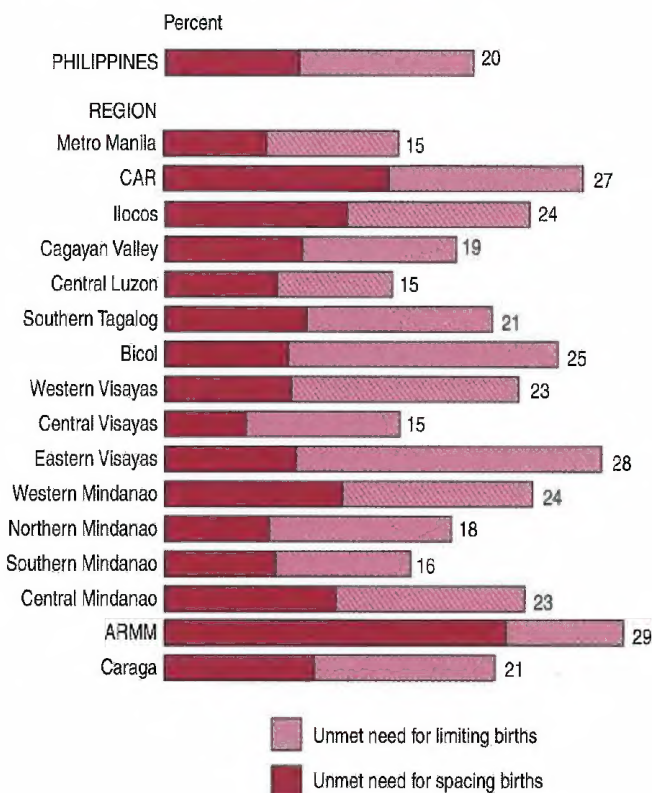
Unmet need for family planning has declined since 1993. At the time of the 1993 NDS, 26 percent of currently married women were in need of services compared with 20 percent in the 1998 NDHS. Just under half of the unmet need is comprised of women who want to space their next birth (spacers), while just over half is made up of women who do not want any more children (limiters).

One-fifth of currently married women in the Philippines have an unmet need for family planning.

If all women who say they want to space or limit their children were to use family planning methods, the contraceptive prevalence rate would be increased from 47 to 70 percent among married women. Currently, about three-quarters of this “total demand” for family planning is being met.



Figure 6
Unmet Need for Family Planning
(Currently Married Women 15-49)





MACRO INTERNATIONAL/S. Podjasatoh

Contraceptive Discontinuation

One challenge for the family planning program is to reduce the high levels of contraceptive discontinuation. NDHS data indicate that about 40 percent of contraceptive users in the Philippines stop using within 12 months of starting. Almost one-third of the women who stop do so because of an unwanted pregnancy (i.e., contraceptive failure).

Discontinuation rates vary by method. Not surprisingly, the rates for the condom (60 percent), withdrawal (46 percent), and the pill (44 percent) are considerably higher than the rate for the IUD (14 percent). Discontinuation rates for injectables are also high, considering that a single dose is usually effective for three months; 52 percent of injection users discontinue within one year of starting—a higher rate than for pill users.

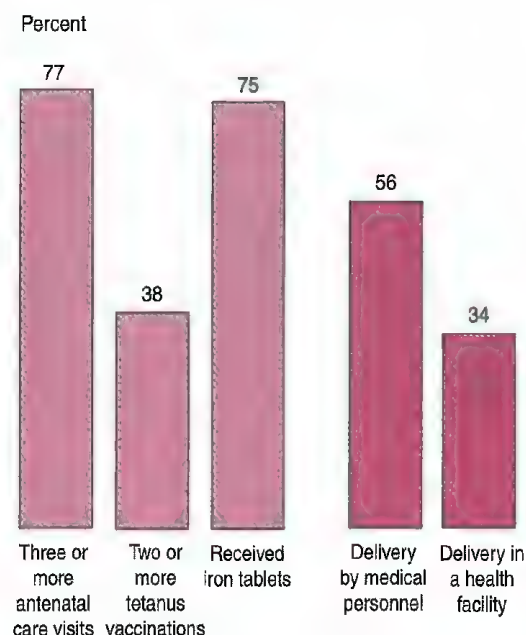
Maternal and Child Health

Maternal Care

The NDHS data on maternal health care point to several areas in which improvements could be made. Although most Filipino mothers (86 percent) receive antenatal care from a doctor, nurse, or midwife, tetanus toxoid coverage is far from universal and has been declining somewhat. The proportion of recent births for which the mother reported receiving two or more tetanus toxoid vaccinations during pregnancy declined from 42 in 1993 to 38 percent in 1998.

Utilization of antenatal services is high; mothers receive antenatal care for 86 percent of births.

Figure 7
Antenatal Care, Tetanus Vaccine Coverage,
and Delivery Care
(Births in the Preceding 5 Years)



Two-thirds of births in the Philippines are delivered at home. As a result, only 56 percent receive assistance at delivery from a doctor, nurse, or midwife while 41 percent are assisted by a traditional birth attendant. Proper medical attention during pregnancy and hygienic conditions during delivery can reduce the risk of complications and infections that can cause death or serious illness for either the mother or the newborn.

Somewhat more encouraging is the fact that for 75 percent of recent births, mothers reported having received iron tablets during pregnancy and in 57 percent of cases, they received iodine tablets during pregnancy.

Maternal mortality has remained low at 172 maternal deaths per 100,000 live births.

Two-thirds of births in the Philippines are delivered at home.



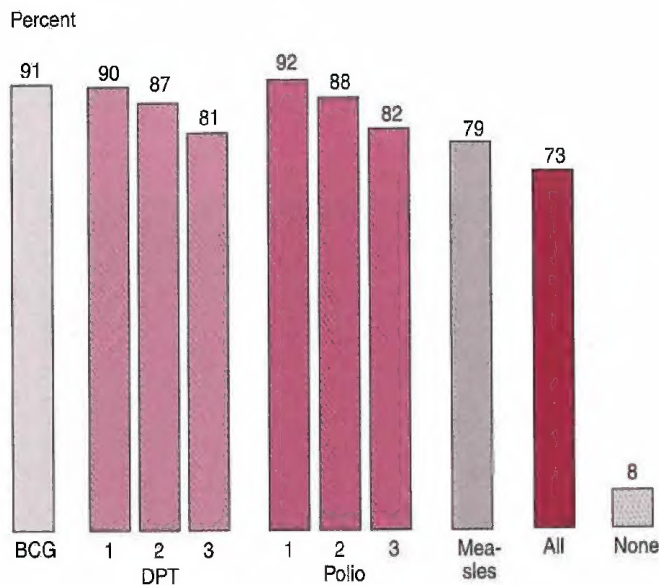
PHILIPPINE POPULATION COMMISSION

Childhood Immunizations

The 1998 NDHS indicates that 73 percent of children age 12-23 months were fully vaccinated by the time of the interview, which is almost identical to the level reported in the 1993 NDS (72 percent). When the data are restricted to vaccines received before the child's first birthday, however, only 65 percent of children age 12-23 months can be considered to be fully vaccinated.

The survey results indicate that 73 percent of children age 12-23 months are fully vaccinated.

Figure 8
Vaccination Coverage Among Children Age 12-23 Months



Treatment of Childhood Diseases

The NDHS provides some data on childhood illness and treatment. Approximately one in four children under age five had a fever and 13 percent had respiratory illness in the two weeks before the survey. Of these, 58 percent were taken to a health facility for treatment.

Seven percent of children under five were reported to have had diarrhea in the two weeks preceding the survey. The fact that four-fifths of children with diarrhea received some type of oral rehydration therapy (fluid made from an ORS packet, recommended homemade fluid, or increased fluids) is encouraging.

Four-fifths of children under five are treated with some sort of oral rehydration therapy when they have diarrhea.



Infant Feeding Practices

Almost all Filipino babies (88 percent) are breastfed for some time, with a median duration of breastfeeding of 13 months. Although breastfeeding has beneficial effects on both the child and the mother, NDHS data indicate that supplementation of breastfeeding with other liquids and foods occurs too early in the Philippines. For example, among newborns less than two months of age, 34 percent were already receiving supplemental foods or liquids other than water.

The median duration of breastfeeding is 13 months.

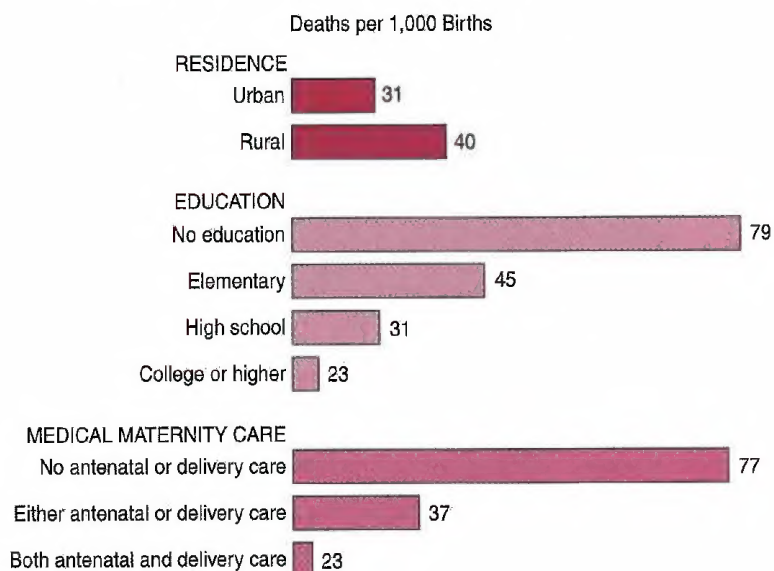


Infant and Child Mortality

Although the infant mortality rate remains unchanged, overall mortality among children under five has declined in recent years. Under-five mortality declined from 54 deaths per 1,000 births in 1988-92 to 48 per 1,000 for the period 1993-97. The infant mortality rate remained stable at about 35 per 1,000 births.

The under-five mortality rate in the Philippines is 48 per 1,000 births.

Figure 9
Infant Mortality by Background Characteristics



General Health

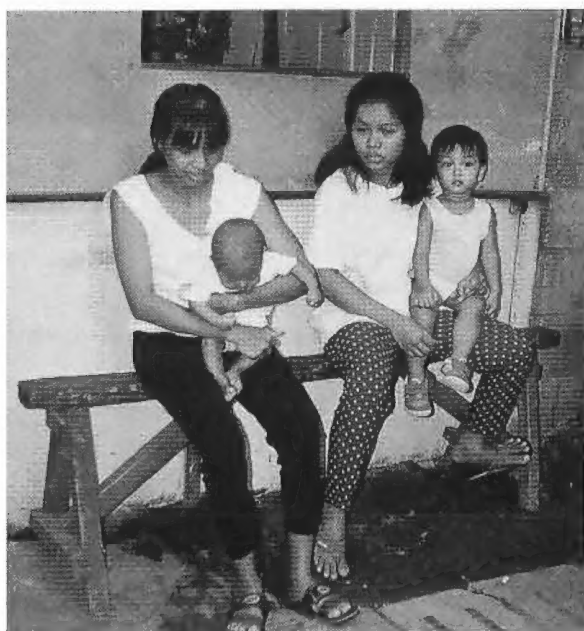
The NDHS data indicate that in 40 percent of households, at least one member of the household belongs to a health care financing scheme or an insurance plan. Over 90 percent of such households belong to Medicare.

Four in ten households have some affiliation with a health care insurance plan.

The Department of Health has endorsed 10 herbal medicines as being scientifically proven effective for treatment of specific illnesses and conditions. NDHS data show that although awareness of some of these herbs is widespread, knowledge about the specific uses of

the herbs is quite limited. For example, although 81 percent of household respondents recognized *ampalaya*, only one in 20 know that it is useful in treating diabetes and only 6 percent of the 75 percent of respondents who are familiar with *sambong* correctly said that it is used as a diuretic. However, knowledge of *bayabas* is high; 97 percent of household respondents had heard of it and 81 percent know that it is used to clean wounds.

The NDHS data point to high general awareness of health issues. For example, most household respondents say that they watch their nutrition or exercise to stay healthy. Similarly, a majority of household respondents are aware that smoking causes lung diseases such as cancer. Over 90 percent of respondents have heard of dengue fever and two-thirds of them say that dengue can be prevented by destroying the breeding sites of mosquitos. However, misconceptions about leprosy and tuberculosis abound. Only a small proportion of respondents know that leprosy is transmitted by skin-to-skin contact (21 percent) or airborne droplets (11 percent), and only one in six knows that tuberculosis is caused by bacteria.



MACRO INTERNATIONAL/S. Poedjastoeff

Fact Sheet

Philippine National Demographic and Health Survey 1998

Sample Population

| | |
|-----------------------|--------|
| Women age 15-49 | 13,983 |
|-----------------------|--------|

Background Characteristics of Women Interviewed

| | |
|---|------|
| Percent urban | 56.6 |
| Percent with no education | 1.5 |
| Percent attended secondary school or higher | 72.2 |

Marriage and Other Fertility Determinants

| | |
|--|------|
| Percent of women 15-49 currently married | 59.6 |
| Percent of women 15-49 ever married | 63.6 |
| Median age at first marriage among women age 25-49 | 22.1 |
| Median duration of breastfeeding (months) ¹ | 12.8 |
| Median duration of postpartum amenorrhea (months) ¹ | 4.9 |
| Median duration of postpartum abstinence (months) ¹ | 2.3 |

Fertility

| | |
|--|-----|
| Total fertility rate ² | 3.7 |
| Mean number of children ever born to women age 40-49 | 4.4 |

Desire for Children

| | |
|--|------|
| Percent of currently married women who: | |
| Want no more children ³ | 61.8 |
| Want to delay their next birth at least 2 years | 18.7 |
| Mean ideal number of children among women 15-49 ⁴ | 3.2 |
| Percent of births in the last 5 years that were: | |
| Mistimed | 26.9 |
| Unwanted | 18.2 |

Knowledge and Use of Family Planning

| | |
|---|------|
| Percent of currently married women who: | |
| Know any method | 98.6 |
| Know a modern method | 98.0 |
| Have ever used any method | 69.4 |
| Are currently using any method | 46.5 |
| Are currently using a modern method | 28.2 |
| Percent of currently married women currently using: | |
| Pill | 9.9 |
| IUD | 3.7 |
| Injectables | 2.4 |
| Condom | 1.6 |
| Female sterilization | 10.3 |
| Male sterilization | 0.1 |
| Mucus, Billings, ovulation | 0.2 |
| Calendar rhythm, periodic abstinence | 8.7 |
| Breastfeeding ⁵ | 0.5 |
| Withdrawal | 8.9 |
| Other methods | 0.3 |

Mortality and Health

| | |
|---|------|
| Infant mortality rate ⁶ | 35 |
| Under-five mortality rate ⁶ | 48 |
| Maternal mortality ratio ⁷ | 172 |
| Percent of births ⁸ to mothers who: | |
| Received antenatal care from medical provider | 85.7 |
| Received 2 or more tetanus toxoid injections ⁹ | 37.8 |
| Percent of births ⁸ to mothers who were assisted at delivery by: | |
| Doctor | 30.9 |
| Nurse/Trained midwife | 25.5 |
| Traditional birth attendant | 41.3 |
| Relative/Other | 1.9 |
| Percent of children 0-3 months who are breastfeeding | 81.8 |
| Percent of children 10-11 months who are breastfeeding | 62.8 |
| Percent of children 0-3 months who are exclusively breastfeeding | 47.2 |
| Percent of children 12-23 months who received: ¹⁰ | |
| BCG | 90.8 |
| DPT (three doses) | 80.9 |
| Polio (three doses) | 81.7 |
| Measles | 78.9 |
| All vaccinations | 72.8 |
| Percent of children under 3 years who: | |
| Had diarrhea in the 2 weeks preceding the survey | 7.4 |
| Had a cough accompanied by short, rapid breathing in the 2 weeks preceding the survey | 13.3 |

¹ Current status estimate based on births during the 36 months preceding the survey

² Based on births to women 15-49 years during the period 0-2 years preceding the survey

³ Includes sterilized women

⁴ Excludes the 2 percent of women who gave a non-numeric response to ideal family size

⁵ Includes only those who spontaneously mentioned breastfeeding as a contraceptive method

⁶ Rates for the period 0-4 years preceding the survey (early 1993 to early 1998); expressed as deaths per 1,000 live births

⁷ Ratio for the period 0-6 years preceding the survey; expressed as maternal deaths per 100,000 live births

⁸ Figure includes births in the period 1-59 months preceding the survey

⁹ Refers to injections received during pregnancy

¹⁰ Based on information from vaccination cards and mothers' reports